

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH:

County Garrett
 City or town Bloomington
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 days
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Bloomington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Theresa Maryvonne Doman

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

March 4, 1948

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

2 hrs. _____ min.

9. Birthplace

Bloomington, Garrett, Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

Date signed

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1948 at 8:45 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4 1948 to March 6 1948 and that I last saw him alive on March 5 1948

Immediate cause of death

Prematurity

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

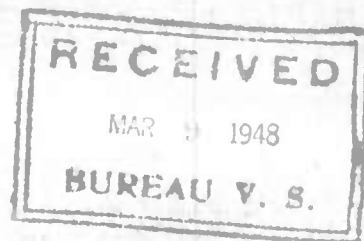
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

Theresa Maryvonne Doman M. D. or other _____
Address Wilmington, Md Date signed 3.6.48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02818

Reg. Dist. No. 162

1. PLACE OF DEATH:

County Garett
 City or town Rural Near Accident
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Garett
 City or town Rural Near Accident
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

John George Henftling

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MWMarried6. (b) Name of husband or wife Catherine Henftling6. (c) If alive, give age 69 years7. Birth date of deceased (mo., day, yr.) December 13-18768. AGE: Years Months Days If less than one day
71 3 7 hrs. min.9. Birthplace Accident Md
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Farmer12. Name Alexander Henftling13. Birthplace Baltimore Md14. Maiden name Margaret Low George15. Birthplace Accident Md16. Informant Baral HenftlingAddress Accident Md17. Burial Date thereof 3-23-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory AccidentLocation Accident Md18. Funeral director Wm. WinterbergAddress Grantsville Md19. Mar 22 1948 Ethel Broadwater
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1948, at 9:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 3 1947 to March 20 1948 and that I last saw him alive on Feb. 20 1948

Immediate cause of death

Cancer of Liver

DURATION

7

Due to

Cancer of Pancreas7

Due to

Other conditions

Anemia, Senility

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. J. J. Doney, M.D.

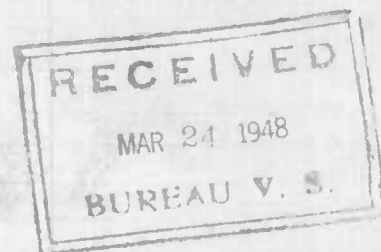
M. D. or other

Address Friendsville, Md Date signed 3-22-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02819

Reg. Dist. No. 166 CP 166

1. PLACE OF DEATH:

County Garrett
City or town Deer Park, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Walter Earl Messenger.

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married.6. (b) Name of husband or wife Mildred Marie Messenger.6. (c) If alive, give age 41 years

7. Birth date of

deceased (mo., day, yr.)

February 16th, 1914

8. AGE:

Years

Months

Days

If less than one day

3419

hrs.

min.

9. Birthplace

Preston County, W. Va.

(Town, county, and state)

10. Usual occupation

Miner

11. Industry or business

FATHER

12. Name

Walter Franklin Messenger.

13. Birthplace

Hutton, Maryland.

MOTHER

14. Maiden name

Iva Bessie Shaffer.

15. Birthplace

Phillipi, W. Va.

16. Informant

Mrs. Mildred M. Messenger.

Address

Deer Park, Maryland.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

March 29/48

(month) (day) (year)

Cemetery or crematory

Shays Chapel, West Va.

Location

Near Kingwood, W. Va.

18. Funeral director

Samuel S. Bolden.

Address

Shays Chapel, Md.

19.

(Date rec'd by registrar)

19.

48Julia Rowan

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

West Va.

County

Preston

City or town

Borgman, W. Va.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

234-12-0852

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 26

19.

48

at

11:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Hammit after death

and that I last saw h..... alive on

19.

Immediate cause of death

Gun shot wounds
head and chest

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Homicide

Date of

B/25/48

Where did injury occur?

near Deer Park, Garrett Co.

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Home, wife

Means of injury

Shot with shot gun

injured at work?

No

23. SIGNATURE

J. J. Messenger, M.D.

M. D. or other

Address

Oakland, Md.

Date signed

3/26/48

RECEIVED

APR 21 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02820

Reg. Dist. No. 167

1. PLACE OF DEATH:

County GarrettCity or town Kempton Md. Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Kempton
(If outside city or town limits, write RURAL and give nearest town)Street No. Rural
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Adam Eli Mosser

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteSingle

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov. 17 1858

8. (c) If alive, give age years

8. AGE: Years 89 Months 4 Days 2 It less than one day
.....hrs.min.9. Birthplace Bnegy Church, Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name George L. Mosser13. Birthplace Germany14. Maiden name Mary Shaffer15. Birthplace Red House, Md.16. Informant Mrs. William BennettAddress Kempton, Md.17. Burial Date thereof Mar. 22 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Red House Md.18. Funeral director Wayne C SpiggleAddress Davis, W. Va.19. 3/22 19 48 Elmer C Shaffer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR. 19 19 48 at 3:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to19.....
and that I last saw him alive on MAR. 19 19 48

Immediate cause of death

BRONCHO PNEUMONIA

DURATION

UNKNOWN

Due to

Due to

Other conditions GENERAL & CEREBRAL 20 YRS
ARTERIOSCLEROSIS
(Include pregnancy within 5 months of death)Major findings of operations NONE

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. M. Viscuse, M.D.

M. D. or other

Address Davis, W. Va. Date signed 3/19/48

RECEIVED

MAR 24 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02821

Reg. Dist. No. 172

1. PLACE OF DEATH:

County Garrett
City or town Vindex
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 37 yrs.

Hospital, institution, or street address where death occurred:

Lower Track

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Vindex
(If outside city or town limits, write RURAL and give nearest town)Street No. Lower Track
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Julia Frances Puffenbarger3. (b) Social Security Number
None4. Sex
Female5. Color or race
White6. (a) Single, married, widowed, or divorced
Widowed

MEDICAL CERTIFICATION

March 12 48

9:25 A

20. DATE OF DEATH 19... at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19... at ...

and that I last saw him alive on 19... at ...

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Ralph Colaninella M.D.

M. D. or other

Address 1 Citymiller, Md Date signed March 13, 486. (b) Name of husband or wife William Puffenbarger7. Birth date of deceased (mo., day, yr.) May 1, 1870

6. (c) If alive, give age years

8. AGE: 77 Years 10 Months 11 Days 11 less than one day
hrs. min.9. Birthplace Sang Run, Garrett Co., Md.
(Town, county and state)10. Usual occupation Housework
Own Home

11. Industry or business

12. Name Philip Sheridan Lewis
13. Birthplace Garrett Co., Md.14. Maiden name Catherine Wolf
Garrett Co., Md.

15. Birthplace

16. Informant Mrs. Floyd Ellifritz
Vindex, Md.Address Burial Mar. 14, 1948

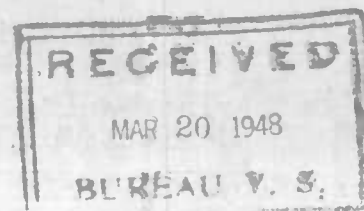
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)

Cemetery or crematory I.O.O.F. Cemetery
Elk Garden, W.Va.Location Otha F. Sharpless
Blaine, W.Va.

18. Funeral director

Address

19. Mar 13 1948 Registrar
(Date rec'd by registrar)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02822

Reg. Diat. No. 166

1. PLACE OF DEATH:

County GarrettCity or town Deer Park, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Deer Park, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Herbert Livewell Reckard.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

October 4th, 1947

8. AGE:

Years

Months

Days

If less than one day

057

hrs.

min.

9. Birthplace Garrett County, Maryland.

(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER

12. Name

Everett William Reckard.

13. Birthplace

Garrett County, Maryland.

MOTHER

14. Maiden name

Norma Edith Day.

15. Birthplace

Garrett County, Maryland

16. Informant

Everett William Reckard.

Address

Deer Park Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

March 14/48
(month) (day) (year)

Cemetery or crematory

Deer Park Cemetery.

Location

Deer Park Maryland.

18. Funeral director

Address

Emory D. Bolden,
Gablahol, Md.

19.

(Date rec'd by registrar)

19

3/14/48
Julia A. Rowan
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11th 19 48 at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 11th 19 48 to March 11th 19 48and that I last saw h in alive on March 11th 19 48Immediate cause of death Bronchial PneumoniaDont know

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

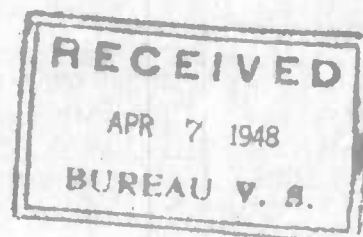
23. SIGNATURE

Address

Oakland, Maryland

M. D. or other

Date signed 3-12-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02823

Reg. Dist. No. 162

1. PLACE OF DEATH:

County GarettCity or town Rural Barton Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County GarettCity or town Rural Barton Md
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Samuel F. Warnick

3. (b) Social Security Number

None4. Sex M5. Color or race W

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 17-18668. AGE: Years 81 Months 3 Days 9 If less than one day _____ hrs. _____ min.9. Birthplace Elbow Road, Barton Md
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Joseph Warnick13. Birthplace Barton Md14. Maiden name Mary Macentyre15. Birthplace Barton Md16. Informant Miss Elsie CusterAddress Barton Md17. Burial Warnick Date thereof 3-29-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory _____

Location Elbow road Rural Barton Md18. Funeral director Wm WinterbergAddress Grantsville Md19. March 27 1948 Ethel Broadwater
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1948 at 9-A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Immediately after death 19____

and that I last saw him alive on _____ 19____

Immediate cause of death Antherosclerosis (Coronary)

DURATION

Due to _____

Due to _____

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE L. J. Bauman M.D. Med. ExaminerAddress Oakland Md Date signed 3/26/48

RECEIVED

MAR 29 1948

BUREAU V. S.